Ministry. The key to developing a successful program is to integrate prevention, screening, and treatment. Programs need to be developed in parallel with important policy work.

Effects of Prior Bevacizumab Use on Outcomes From the VELOUR Study

Bevacizumab (BEV) is a standard component of frontline therapy and FOLFIRI remains a standard chemotherapy backbone for second-line treatment of metastatic colorectal cancer (mCRC). Aflibercept is a recombinant human fusion protein that acts as a decoy receptor, preventing the interaction of vascular endothelial growth factor (VEGF)-A, VEGF-B, and placental growth factor (PlGF) with their receptors. In the Phase 3 Aflibercept Versus Placebo in Combination With Irinotecan and 5-FU in the Treatment of Patients With Metastatic Colorectal Cancer After Failure of an Oxaliplatin Based Regimen [VELOUR; NCT00561470] trial, aflibercept plus FOLFIRI improved overall survival (OS) compared with FOLFIRI plus placebo in patients with mCRC. This subgroup analysis of the VELOUR trial, presented by Carmen Joseph Allegra, MD, University of Florida, Gainesville, Florida, USA, evaluated the consistency of aflibercept's effect on OS and progression-free survival (PFS) in a prespecified analysis of patients previously treated with BEV.

In the VELOUR study, patients with mCRC were randomly assigned to aflibercept plus FOLFIRI (n=600) or placebo plus FOLFIRI (n=600). The primary endpoint was OS. Patients were allowed only one prior oxaliplatin-containing regimen for metastatic disease. Patients who relapsed within 6 months of completion of oxaliplatin-based adjuvant chemotherapy were eligible. The overall results showed that adding aflibercept to FOLFIRI in mCRC patients previously treated with oxaliplatin-based therapy significantly improved OS and PFS.

For the prespecified subgroup analysis, a p value of <0.1 would indicate a difference in the benefit associated with aflibercept between the prior and no prior BEV groups. Among patients with prior BEV therapy, 186 received aflibercept plus FOLFIRI and 187 received placebo plus FOLFIRI. Among patients with no prior BEV, 426 received aflibercept plus FOLFIRI and 427 received placebo plus FOLFIRI.

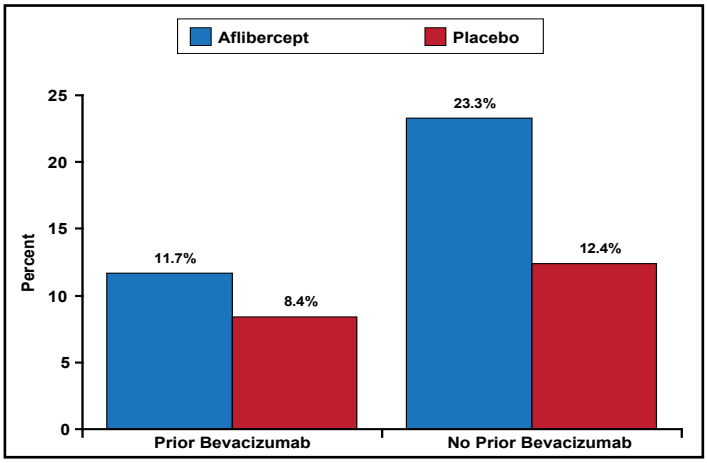
The OS and PFS results were consistent with and without prior bevacizumab. The interaction between the "treatment arm" and "prior bevacizumab" factor was not significant at the two-sided 10% level (p=0.57 for OS; p=0.20 for PFS; Table 1). Among patients with prior bevacizumab, those who received aflibercept had a median OS of 12.5 months versus 11.7 months in patients who received placebo (HR, 0.862; 95.34% CI; 0.673 to 1.104). Among patients with no prior bevacizumab, those treated with aflibercept had a median OS of 13.9 months versus 12.4 months in patients treated with placebo (HR, 0.788; 95.34% CI, 0.699 to 0.927). Response rates in the prior bevacizumab patients were 11.7% in the aflibercept arm versus 8.4% in the placebo arm. Response rates in patients without prior bevacizumab were 23.3% in the aflibercept arm versus 12.4% in the placebo arm (Figure1).

Table 1. Consistency of OS and PFS With and Without Prior BEV.

Prior Bevacizumab			
	Placebo/FOLFIRI (n=187)	**Aflibercept/FOLFIRI (n=186)**	**Δ**
OS (months; 95.34% CI)	11.7 (9.8 - 13.8)	12.5 (10.8 - 15.5)	0.8
PFS (months; 99.99% CI)	3.9 (2.9 - 5.4)	6.7 (4.8 - 8.7)	2.8
No Prior Bevacizumab			
	Placebo/FOLFIRI (n=427)	**Aflibercept/FOLFIRI (n=426)**	**Δ**
OS (months; 95.34% CI)	12.4 (11.2 - 13.5)	13.9 (12.7 - 15.6)	1.5
PFS (months; 99.99% CI)	5.4 (4.2 - 6.7)	6.9 (5.8 - 8.2)	1.5

Interaction between "treatment arm" and "prior bevacizumab" factor was not significant at the two-sided 10% level (p=0.57 for OS; p=0.2 for PFS).

Figure 1. Response Rates.



The safety analysis showed increased anti-VEGF-associated events and general adverse events in the aflibercept arms but no difference between the prior and no prior BEV groups. Rates of adverse events leading to discontinuation were higher in the aflibercept arms, but there was no difference between the prior and no prior BEV groups.

This preplanned subgroup analysis demonstrates consistent trends of increased OS and PFS with aflibercept, regardless of prior treatment with BEV. Prior treatment with BEV does

not appear to affect the safety profile of aflibercept. Although analysis of a prespecified subgroup, this study was not powered to show a treatment difference between arms; therefore, no definitive conclusions can be drawn concerning the benefit of aflibercept in the prior BEV-treated subgroup.

Docetaxel Is Widely Used In Treatment of Breast Cancer in China

Findings from "Patterns of docetaxel application in breast cancer patients from China: Experience in 42 cancer centers" show that docetaxel is widely used for treating breast cancer, especially as adjuvant and/or neoadjuvant therapy. Binghe Xu, MD, PhD, Chinese Academy of Medical Sciences, Beijing, China, presented results from the study.

This retrospective review was carried out in China from 2009 to 2011 [Xu B et al. J Clin Oncol 2012 (suppl; abstr e115637)]. The aim of the study was to investigate how patients with breast cancer are treated with docetaxel. It included all patients diagnosed with invasive breast cancer and treated with docetaxel-containing regimens in 42 cancer centers from 12 provinces in China. Regimens were compared in different subgroups based on stage, subtype, and lymph node (LN) status. Patterns of chemotherapy were also compared with published guidelines.

Among 2188 breast cancer patients (mean age, 48.7 years; range, 14 to 82 years) treated with docetaxel, 1881 (86.0%) were in an adjuvant and/or neoadjuvant setting (including

91 in both settings). Only 288 (13.2%) patients received docetaxel as a single agent; 1900 (86.8%) received docetaxel-containing combination regimens. The mean cycle administered was 4.8, and the dose for every cycle was 73.0 mg/m2. Dose reduction and delay occurred in 409 (19.0%) patients, caused mainly by nonmedical factors (10.9%) and hematologic toxicity (5.9%).

Docetaxel, doxorubicin, and cyclophosphamide (TAC), docetaxel/doxorubicin (TA), docetaxel and cyclophosphamide (TC), docetaxel (TX), and doxorubicin and cyclophosphamide followed by docetaxel (AC-T) regimens were given in 34.8%, 19.7%, 17.4%, 5.3%, and 2.2% of patients, respectively. TAC was used more frequently in triple-negative breast cancer (TNBC) cases than in other types (43.0% vs 32.7%; p=0.004). In the (neo)adjuvant setting, TAC was used more frequently in LN-positive than LN-negative patients (44.2% versus 30.0%; p<0.001). Of 1682 patients in the adjuvant setting, 729 (43.3%) were treated with triplet (TAC or AC-T) regimens. Of 290 patients who received neoadjuvant chemotherapy, 94 (32.4%) received TAC and none received AC-T (p=0.013)

Although most guidelines recommend AC-T in adjuvant settings, investigators found that the TAC regimen was used most frequently in China, especially in patients with TNBC or LN-positive breast cancer.

Compassionate Use With CbzP Plus Prednisone for mCRPC: Interim Results

The XRP6258 Plus Prednisone Compared to Mitoxantrone Plus Prednisone in Hormone Refractory Metastatic Prostate Cancer [TROPIC; NCT00417079] trial showed that treatment with cabazitaxel (CbzP) produced statistically significant improvement in overall survival versus mitoxantrone plus prednisone in patients with metastatic, castration-resistant prostate cancer (mCRPC) previously treated with a docetaxel-containing regimen (HR, 0.70; p<0.0001). Sevil E. Bavbek, MD, Istanbul University Oncology Institute, Istanbul, Turkey, presented interim results from a cohort compassionate-use program (CUP) with CbzP plus prednisone for patients with mCRPC [EAP; NCT01254279; Bavbek SE et al. *J Clin Oncol* (suppl; asbtr e15112) 2012].

Results from the TROPIC trial supported the establishment of a CUP and an early access program (EAP). The aims of this Phase 3, single-arm, open-label trial are to provide access to CbzP prior to commercial availability to mCRPC patients who may benefit from it, and to further assess the agent's safety profile. Estimated enrollment is 1600 patients from 250 centers globally. Eligible patients received CbzP in combination with oral prednisone until disease progression, death, unacceptable toxicity, or physician/patient decision.

Baseline characteristics and safety data are available for the first 399 patients. The median age is 68 years (range, 43 to 89); 90.2% of patients had ECOG Performance Status scale 0 to 1. The median cumulative dose of prior docetaxel was 675 mg/m^2; previous therapy with mitoxantrone plus prednisone was allowed.

The median time from the last dose of docetaxel to progression was 4 months; 53.3% of patients experienced disease progression either during or <3 months after docetaxel therapy; 61% had ≥2 metastatic sites, most commonly bone (93.2%) and regional lymph nodes (34.4%). At the time of analysis, a median of four cycles of CbzP had been administered; four patients received ≥10 cycles.

Median relative dose intensity was 99.2% (range, 80.1 to 104.9). Granulocyte colony-stimulating factor was administered to 34.3% of patients in Cycle 1 (6.3% therapeutic, 26.6% prophylactic). Overall, 71.4% of patients had adverse events